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CONFIRMATION NO. 9076

Bib Data Sheet

SERIAL NUMBER 09/765,217	FILING OR 371(c) DATE 01/18/2001 RULE	CLASS 436	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 0141-2005
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APPLICANTS

Howard Milne Chandler, Yarmouth, ME;

** CONTINUING DATA *****

This application is a DIV of 09/166,599 10/05/1998 PAT 6,221,678
which is a CIP of 08/944,858 10/06/1997 PAT 6,271,046

** FOREIGN APPLICATIONS *****

AUSTRALIA PP3461/98 05/11/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 03/14/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ME	DRAWING 4	26	5
Verified and Acknowledged	<i>Chas Cl.</i> <i>ca</i>	Examiner's Signature Initials			

ADDRESS

Kevin M. Farrell, Pierce Atwood
One New Hampshire Avenue
Suite 350
Portsmouth ,NH 03801

TITLE

APPARATUS AND METHOD FOR ANALYTE DETECTION

FILING FEE RECEIVED 789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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 WASHINGTON, D.C. 20231
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APPLICANTS Howard Milne Chandler, Yarmouth, ME;				
** CONTINUING DATA THIS APPLICATION IS A DIV OF 09/166,599 10/05/1998 PAT 6221678 which is a CIP of 08/944,858 10/6/1997 PAT 6271046				
** FOREIGN APPLICATIONS AUSTRALIA PP3461/98 05/11/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/14/2001		** SMALL ENTITY **		
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ME	SHEETS DRAWING 4	TOTAL CLAIMS 26
Verified and Acknowledged Examiner's Signature <i>C. L. C.</i>	Initials <i>CV</i>	INDEPENDENT CLAIMS 5		
ADDRESS Farrell & Associates, P.C. P.O. Box 999 York Harbor, ME 03911				
TITLE Apparatus and method for analyte detection				
FILING FEE RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		